



State of New Hampshire

2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/02/2014

Business ID: 49490

William M. Gardner

Secretary of State

SMITHS TUBULAR SYSTEMS-LACONIA, INC.

93 LEXINGTON DRIVE
LACONIA, NH 03246

ADDRESS OF PRINCIPAL OFFICE:

93 LEXINGTON DRIVE
LACONIA, NH 03246

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 49490

STATE OF DOMICILE: NEW HAMPSHIRE

FABRICATED PIPE AND PIPE FITTING MFG; RUBBER & PLASTIC
HOSE & BELTING MFG

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. William T Smith
STREET 112 Bypass 225
CITY/STATE/ZIP Greenwood SC 29646
V-PRES. Robert M Speer
STREET 112 Bypass 225
CITY/STATE/ZIP Greenwood Sc 29646
SEC'Y. Robert M Speer
STREET 112 Bypass 225
CITY/STATE/ZIP Greenwood Sc 29646
V-PRES. Patrick D McCaffrey
STREET 500 Gould Drive
CITY/STATE/ZIP Cookeville TN 38506

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. William T Smith
STREET 112 Bypass 225
CITY/STATE/ZIP Greenwood SC 29646
DIR. Robert M Speer
STREET 112 Bypass 225
CITY/STATE/ZIP Greenwood Sc 29646
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Robert M Speer

Please print name and title of signer: Robert M Speer / DIRECTOR
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



4949020141004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301

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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

TREASURER

MARTIN HOUGH

93 LEXINGTON DRIVE

LACONIA, NH 03246